

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 025761-0262375
Application Number 09/355,623		Filed October 5, 1999
For A TRANSMISSION METHOD IN A RADIO SYSTEM ADJUSTING TRANSMISSION MOMENTS		
Art Unit 2618	Examiner	TRAN, Tuan A.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	Fee \$460	Small Entity Fee \$230
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	Fee \$1050	Small Entity Fee \$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	Fee \$1640	Small Entity Fee \$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	Fee \$2230	Small Entity Fee \$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-3975</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>44163</u>		
<u>/Larry J. Hume/ Signature</u>		<u>02/26/2008</u> Date
<u>Larry J. Hume</u> Typed or printed name		<u>703.770.7981</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		